



THE CATHEDRAL PARISH

SACRAMENTAL CERTIFICATE REQUEST FORM

This form is for the use of requesting a Copy of your Sacramental Certificate.

Please fill out the form completely and legibly. Return the completed form to the parish office by email, fax, mail, or in person.

The certificate(s) will be mailed to the address provided or you may pick up in person. If there is any problem, we will contact you at the number provided.

In order to protect the confidentiality of these records, they can only be issued to a duly authorized individual. Certificates will only be issued to a parent, legal guardian or legal representative.

Full Name On Certificate:

(Include maiden name if married)

Name of the person requesting Certificate: _____

Relationship to person on certificate being requested:

____ Self ____ Parent of Minor ____ Legal Rep ____ Legal Guardian.

Date of Birth: ____/____/____

Place of Birth: _____,
(City, State)

Father's Name: _____

Mother's Maiden Name: _____

Please check all that apply for certificate(s) being requested:

____ Baptism Date received: _____

____ First Communion Date received: _____

____ Confirmation Date received: _____

____ Matrimony Date received: _____

Select the Church:

- ☐ St. Augustine ☐ St. Patrick ☐ St. Raphael ☐ St. Joseph
☐ St. Margaret Shrine ☐ Holy Rosary

Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

I certify that I have read the above information and that I am requesting my own certificate or that of my minor child.

Signature _____ Date: _____